

Please type a plus sign (+) inside this box →



PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	MCRO:144—3	Total Pages	57
	First Named Inventor or Application Identifier			
	Trung T. Doan et al.			
	Express Mail Label No.	EV 365 157 561 US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313
---	---

- | | |
|--|--|
| 1. <input type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing) | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification Total Pages 24
(preferred arrangement set forth below)
-Descriptive
-Cross References to Related Application
-Statement Regarding Fed sponsored R & D
-Reference to Microfiche Appendix
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure | 7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. <input type="checkbox"/> Paper Copy (identical to computer copy)
c. <input type="checkbox"/> Statement verifying identity of above copies |

3. ☒ Drawing(s) (35 USC 113) Total Sheets 5
Total Pages 15
4. Oath or Declaration
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

- | | |
|---|--|
| ACCOMPANYING APPLICATION PARTS | |
| 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (RECORDED) | |
| 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(where there is an assignee) | |
| 10. <input type="checkbox"/> English Translation Document (if applicable) | |
| 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | |
| 12. <input checked="" type="checkbox"/> Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) | |
| 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application
Statement(s) Status still proper and desired | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Other | |

17. ☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input checked="" type="checkbox"/> Correspondence address below				
(Insert Customer No. or Attach bar code label here)					
NAME	Michael G. Fletcher				
	Fletcher Yoder				
ADDRESS	P.O. Box 692289				
CITY	Houston	STATE	Texas	ZIP CODE	77269-2289
COUNTRY	USA	TELEPHONE	(281) 970-4545	Fax	(28) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.